

Please complete form in typescript, or in bold black capitals. CHFP135

27/08/2009

**COMPANIES HOUSE** 

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## 500987130 LLP363

Annual Return of a Limited Liability Partnership

or LP - 4 Edinburgh 2

LLP Number		OC300605						
f	Full Name of Limited	Reprographic Office Supplies LLP						
	Liability Partnership	-						
Date of this return  This information in this return is made up to  Date of next return		Day Month Year						
		29 06 2009						
		Day Month Year						
	If you wish to make your next return on a date earlier than the anniversary of this return please show the date here.							
Any change of registered office must be notified	Registered Office Show here the address as at the date of	5 BRIDGE CROSS ROAD						
Form LLP287	this return	CHASE TERRACE						
	Post town	BURNTWOOD						
	County .	STAFFORDSHIRE DOST 2BU						
	Register of Debenture Holders							
If there is a register of debenture holders, or a duplicate of any such								
register or part which is not kept a registered office,	at the Post town state							
here where it is ke	County	UK Postcode						
	List members on pag	e 2						
	Certificate	As a designated member I certify that the information given in this return is true to the best of my, knowledge and belief						
	Signed	x & Lelwadx Date 11/8/09						
send it with the Companies, Cl	e signed the return e fee to the Registrar of neques should be made mpanies House.	This return includes continuation sheets.						
	A8EF7CRL*	When you have completed and signed the form please send it to the Registrar of Companies at:  Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB For partnerships registered in Scotland DX 235 Edinburgh						

Please list members i	n alphabetical order										
In the case of a member that is a corporation or a	_ [										
Scottish firm, the name is the	Surname or   Corporate Name										
corporate or firm name.	Forename(s)	LISA									
†† Tick this box if the address shown is a service address for the beneficiary of a	Address ++	26 TREVITHIC CLOSE									
Confidentiality Order granted under section 723B of the	Post town	BURNTWOOD									
Companies Act 1985 otherwise, give your usual residential address. In the case	County / Region	STAFFORDSHIRE Postcode US 7						91	В		
of a corporation or Scottish firm, give	Country	UK. Tick box if designated members						nber			
the registered or principal office address.											
	ſ				ļ	Day	Month	Y	ear		
	er Reference Number*   by Companies House)	269	7	Date	of Birth	03	06	196	8		
information											
<b>Members</b> Please list members i	in alphabetical order						٠.				
In the case of a member that is a	ar dipridoction order	Details of new members must be notified on form LLP288a									
corporation or a Scottish firm, the	Surname or Corporate Name										
name is the corporate or firm name.	Forename(s)										
†† Tick this box if the address shown is a	Address ††	26 TREVITHIC CLOSE									
service address for the beneficiary of a Confidentiality Order											
granted under section 723B of the Companies Act 1985	Post town	Boar	Coour			1					
otherwise, give your usual residential address. In the case	County / Region	STAF	FOR DSHIRE		<i>.</i> P	UK Postcode	ws7	94	B		
of a corporation or Scottish firm, give the registered or principal office address.	Country	UK	11-21-21-21		Tick t	oox if desi	gnated me	mber	/		
						Day	Monti	h	Year		
Memb (as advised	269	8	Date	e of Birth	30	04	19	166			
* Voluntary information	•						,		,,		

Members